Patrick O'Donnell, Clerk of the Legislature State Capitol, Room 2018 P.O. Box 94604 Lincoln, NE 68509 Nebraska Alliance of Child Advocacy Centers

Dear Mr. O'Donnell:

Pursuant to Neb. Rev. Stat. 43-4407, enclosed please find the annual report prepared by the Nebraska Alliance of Child Advocacy Centers, comprised of the information provided by each of the seven Child Advocacy Centers.

Sincerely-

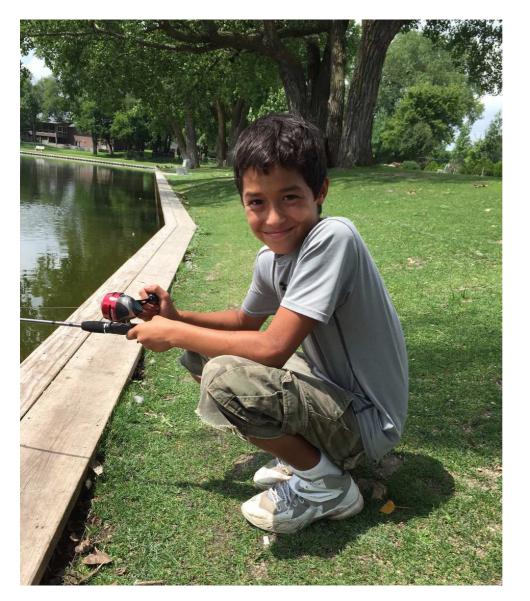
Ivy Svoboda

Executive Director

Nebraska Alliance of Child Advocacy Centers

September 2016

Child Welfare Non-Court Involved Cases





Nebraska Alliance of Child Advocacy Centers 11949 Q Street Omaha, NE 68137 402-933-7422 www.nebraskacacs.com



Enhancing Nebraska's Response to Child Abuse

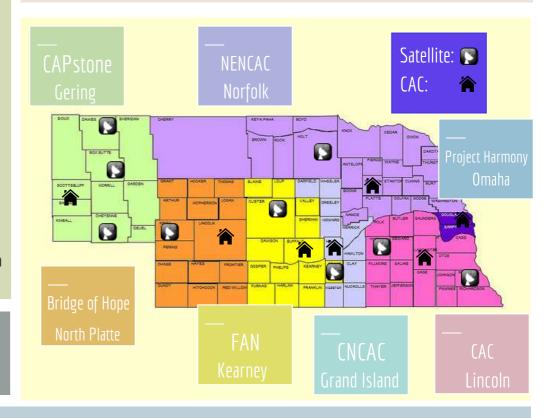
Overview

Legislative Bill 1160

"Each service area administrator and any lead agency or the pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or a lead agency or the pilot when the child is identified as a voluntary or non-court involved child welfare case. The monthly report shall include the plan implemented by the department, lead agency, or the pilot project for the child and family and the status of compliance by the family with the plan."

The Nebraska Alliance

The Nebraska Alliance of Child Advocacy Centers is an accredited Chapter that provides statewide leadership in the fight against child abuse alongside its member centers, Nebraska's seven fully accredited Child Advocacy Centers (CACs). An additional nine satellite offices are currently operating or opening in the next year to more fully support the children and families in Nebraska. The Nebraska Alliance has been recognized for providing CACs and multidisciplinary teams with the resources they need to consistently offer unique and vital services to child victims of abuse and their families.

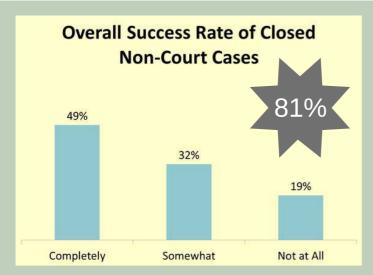


CAC Role

CACs have worked with the Department of Health and Human Services to obtain data on cases that are non-court involved. The CACs run reports from NFOCUS on a monthly basis and the Coordinators at each CAC take it to Multi-Disciplinary Team meetings for review following guidelines set forth by Nebraska Revised Statutes 28-728 to 28-729. The areas of focus are: case discussion/review, current case plan establishment, and at the time of case closing-the overall parental compliance, appropriateness of services, and overall success of the case.

Case Results Non-Court Involved Cases

July 2015 - June 2016



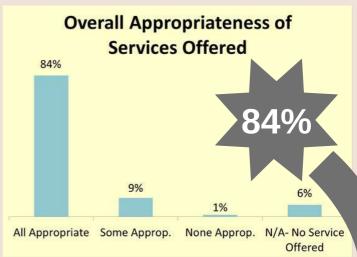
81% of closed cases were either "completely successful" or "somewhat successful." (78% in Year 2, 82% in Year 1)

1010 New Cases

1175 New Cases in Year 2 1120 New Cases in Year 1



53% of non-court involved caretakers had "good" parental compliance. (55% in Year 2, 49% in Year 1)



84% of cases closed with an agreement that all services provided to the family were appropriate.

(73% in Year 2, 68% in Year 1)



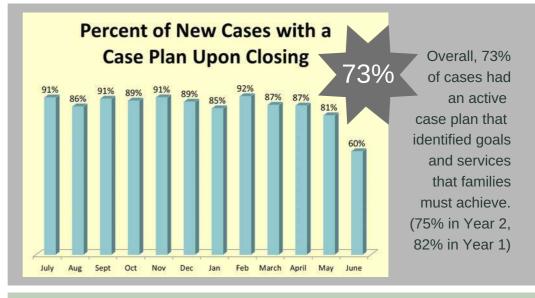
84% Agreement!

When a non-court case is closed, the DHHS staff assess the overall appropriateness of services offered to the families. This reporting year is a 16% increase from Year 1 and an 11% increase from Year 2! CACs have noticed the members of the multi-disciplinary teams are more engaged in collaboration and team discussion, Likewise, DHHS staff are utilizing the teams' resources to help families.

Case Results **Non-Court Involved Cases**

July 2015 - June 2016

On average, cases stayed open 125.6 days, slightly over 4 months (128.7 days in Year 2, 156.8 days in Year 1) * 863 or 85% of noncourt cases closed with NO court intervention (88% in Year 2, 86% in Year 1)



At times, filing an affidavit in court may be necessary for a family who needs more intensive supervision. 151 cases (15%) resulted in a court filing. (12% in Year 2,

Total: 14% in Year 1) Grand Lincoln Norfolk North Omaha Gering

Total # of Court Filings per CAC

Areas Needing Focus

Service Identification and Accessibility

• Team members expressed interest in being able to follow up with non-court cases after being reviewed by the Team to determine if the recommendations provided during the case review were followed and if they were effective for the families.

Case Closure Process

- · Several CACs expressed concerns with the process for closure of non-court cases. The process for assessing success or lack thereof within the case could be strengthened via a more meaningful way of data tracking.
- Teams also reported interest in creating a process for staffing cases prior to case closure to ensure that the family has their needs met and all available resources have been utilized.

Data Documentation

- CACs continue to voice concern about the lack of case plan information being documented in NFOCUS. The case plan supports the family in achieving their goals of increasing safety within their family by outlining the necessary steps to achieve those goals.
- Some CACs reported that some of the non-court cases do not appear on the DHHS monthly reports. They also noted that some of the cases where families decline services are not included in the reports, providing no opportunity for the Non-Court team to review the case.

Definitions

Non-Court Involved Cases

Non-court cases include families who are offered ongoing services provided by DHHS (or a contracted agency like NFC), but do not have juvenile court involvement. These services are voluntary and may include family support, case management, and referrals to community agencies for mental health, substance abuse, or other resource assistance.

Case Plan

The case plan identifies goals and services families must achieve.

Case Closings

At closing, non-court cases are reviewed at team meetings coordinated by each CAC. These teams are comprised of county attorneys, initial assessment workers, ongoing caseworkers, and professionals from the community.

Court Filing

At times, it may be necessary to file an affidavit in court on a non-court involved family who needs more intensive supervision.

Criteria Examined At Case Closure

Overall Success of the Case

<u>Completely</u>: Family met all case plan goals <u>Somewhat</u>: Family met some case plan goals

Not at all: Family did not meet any case plan goals or refused voluntary

services

Parental Compliance

Good: Parents are consistently working toward completion of case plan **Fair:** Parents are inconsistently working toward completion of case plan (e.g. they need multiple reminders to complete tasks, make appointments, etc.) **Poor:** Parents are not working towards completion of case plan and/or they refused voluntary services

Appropriateness of Services
Offered to the Family

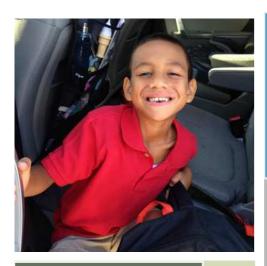
<u>All appropriate</u>: Caseworker referred family to all services that could help them

<u>Some appropriate</u>: Caseworker referred family to some services, but may have missed others (e.g. referred for substance abuse services but not domestic violence services in a family with clear domestic violence issues)

<u>None appropriate</u>: Caseworker did not refer family to any services that could help them

No services offered: Caseworker did not have a chance to refer to services (e.g. family refused voluntary services)

Success



Case Example

An intake was received due to a mother testing positive for methamphetamine as well as concerns about housing instability. To keep the five-yearold child safe, he was informally placed with his aunt and uncle while the mother received needed services and support. At case review, the multidisciplinary team brainstormed additional recommendations with the caseworker on services to offer the family. The mother located an acceptable intensive outpatient treatment and found housing. Through these accomplishments, her son was reunited with her. The case closed successfully in July 2015 and the family has had no other CPS hotline intakes since!

What Makes A Team Successful?



One county team continues to meet one to two times a month with strong community provider representation. Meetings are structured to foster open communication between agencies and the caseworkers and their supervisors. Treatment Team members represent a variety of disciplines in the community and are able to share recommendations tailored to a family's specific needs. Some of the current non-court cases were referred to the Team by the County Attorney's Office with the expectation that the cases would be reviewed prior to closure to ensure the case has received all available supports. DHHS workers have maintained open communication with both the Team and County Attorneys on these cases. DHHS workers and supervisors have even started to refer cases to the Team for assistance in generating ideas on which resources or services may best benefit a family.

Ivy Svoboda, Executive Director
Nebraska Alliance of Child Advocacy Centers
11949 Q Street, Omaha, NE 68137
402-933-7422
isvoboda@nebraskacacs.com
www.nebraskacacs.com

Printing of this report is funded by:





Participating CACs:













